



**SCOPE**

This policy applies to the following DDA contracted residential service programs for adults:

- Supported Living (SL)
- Group Homes (GH)
- Group Training Homes (GTH)
- Alternative Living (AL)
- Companion Homes (CH)
- State-Operated Living Alternatives (SOLA)
- Crisis Diversion Bed and Support Services

**DEFINITIONS**

**Medication administration** is the direct application of a prescribed medication by injection, inhalation, ingestion, application, or other means, to a client by an individual legally authorized to do so.

**Medication assistance** is assistance with self-administration of medication rendered by a non-practitioner to a client receiving certified community residential services and supports in accordance with [Chapter 69.41 RCW](#) and [Chapter 246-888 WAC](#).

**Medication service** is any service provided by a certified community residential services and support provider related to medication administration or medication assistance provided through nurse delegation and medication assistance.

**Psychoactive** means possessing the ability to alter mood, anxiety level, behavior, cognitive processes, or mental tension, usually applied to pharmacological agents.

**Psychoactive medications** means medications prescribed to treat a mental illness, improve functioning, or reduce challenging behaviors. Psychoactive medications include antipsychotics or neuroleptics, atypical antipsychotics, antidepressants, anticonvulsants, stimulants, sedatives or hypnotics, anti-mania and anti-anxiety drugs, and medications to treat symptoms of dementia. Anticonvulsants and other classes of drugs are included in this category when they are prescribed for behavioral purposes.

Note: If a psychoactive medication is used solely to treat a non-psychiatric condition (e.g., sleep aid, seizures), and is not also used to treat a mental illness or a challenging behavior, the requirements of this policy do not apply.

**POLICY**

- A. Psychoactive medications are prescribed to enable a person to function better, reduce challenging behavior, or treat a mental illness. Persons with developmental disabilities

and mental illness, or a persistent challenging behavior shall have appropriate access to information and treatment with psychoactive medications, and reasonable protection from serious side effects or the inappropriate use of these medications.

- B. [DDA Policy 5.14](#), *Positive Behavior Support*, requires that a Positive Behavior Support Plan be developed and implemented for clients who take psychoactive medications to reduce challenging behavior or treat a mental illness that is currently interfering with the client's ability to have positive life experiences and form and maintain relationships.
- C. Adult residential service providers may not administer medications for a client or assist a client to self-administer medications if consent has not been given. Refer to [DDA Policy 6.19](#), *Residential Medication Management*, for more information and requirements.

## **PROCEDURES**

### **A. Assessment**

1. If the client appears to be displaying symptoms of mental illness or a persistent challenging behavior, any physical, medical, or dental conditions that may be causing or contributing to the behavior must first be considered. A medical or dental examination, or both, may need to be conducted to accomplish this. If no physical or other medical condition is identified, then a psychiatric assessment should be conducted. This assessment may be done by one of the following professionals: a psychiatrist, a clinician (such as a psychologist), a physician's assistant, or an advanced registered nurse practitioner (ARNP). The treating professional should have experience in treating people with developmental disabilities with mental illness, challenging behaviors, or both.
2. Before a psychiatric assessment, service provider staff must prepare a psychiatric referral summary and send or take this to the treatment professional conducting the assessment. The summary must briefly describe the frequency and severity of the client's symptoms or behaviors and what has been tried previously. [DSHS 13-851](#), *Psychiatric Referral Summary*, may be used for this purpose.

Note: A client may prefer to visit his or her treatment professional independently, without the assistance of residential service provider staff. In such cases, respect the person's choice and document this in the client record. Document in the client record whether the person is assessed as capable of self-monitoring their medications or requires assistance.

### **B. Psychoactive Medication Treatment Plan (PMTP)**

1. After the assessment, if the treatment professional recommends psychoactive medication for ongoing or PRN (*pro re nata: as needed*) use, the prescribing professional or service provider staff will document this in a Psychoactive

Medication Treatment Plan. [DSHS 13-851A](#), *Psychoactive Medication Treatment Plan*, may be used for this purpose. The plan must include:

- a. A description of the behaviors, symptoms, or conditions for which the medication is prescribed and a mental health diagnosis, if available;
  - b. The name, dosage, and frequency of the medication. Subsequent changes in dosage may be documented in the person's medical record;
  - c. The length of time considered sufficient to determine if the medication is effective (i.e., treatment trial);
  - d. The behavioral criteria to determine whether the medication is effective (e.g., what changes in behavior, mood, thought, or functioning are considered evidence that the medication is effective); and
  - e. The anticipated schedule of visits with the prescribing professional.
2. The prescriber or the service provider must update the PMTP if there is a change in medication type, including intraclass changes (e.g., Prozac to Paxil). Changes in dosage of a medication may be documented on the client's medication sheet and does not require an updated PMTP.
  3. The prescribing professional is responsible for obtaining informed consent when necessary from the client, the client's legal representative, or another person authorized to provide consent for healthcare on behalf of the client under RCW 7.70.065. Service providers must retain a copy of the signed consent form, if available, in the person's record. If the client's legal representative refuses to give consent, the service provider must encourage the legal representative to meet with the treatment professional to discuss the medication issue. If not resolved the provider must report the matter to the client's Case Resource Manager (CRM), who must consult with the Field Services Administrator (FSA), and the Office of the Attorney General as appropriate. DDA will work with the provider to develop a plan to address the situation.
  4. Service provider staff will review with the client and the client's legal representative the medication name, purpose, potential side effects, and any known potential drug interactions. Service provider staff should base such discussion on the written information supplied by the dispensing pharmacy whenever possible. The *Information Regarding Psychoactive Medication* section of [DSHS 13-851A](#), *Psychoactive Medication Treatment Plan*, may be used to document the medication review.
  5. Agencies must have available to staff and clients an information sheet for each psychoactive medication that is being used by the service provider's clients. This

information sheet must describe potential side effects and potential adverse drug interactions that may occur from use of the medication. This information sheet should be one provided by the dispensing pharmacy or based on information provided by the dispensing pharmacy whenever possible.

6. When clients require assistance with taking psychoactive medications, staff must follow the procedures in [DDA Policy 6.19](#), *Residential Medication Management*.
7. Non-pharmaceutical supports used to assist in the treatment, reduction, or elimination of the client's symptoms or behaviors must be documented in the client's Positive Behavior Support Plan or another written plan. For more information, refer to [DDA Policy 5.14](#), *Positive Behavior Support*.

### C. **Monitoring Psychoactive Medications**

1. The service provider must monitor the client to help determine if the medication is effective based on criteria identified in the PMTP. If the medication does not appear to have the desired effects, the service provider must communicate this to the prescribing professional.
2. The service provider must observe the client for any changes in behavior or health that might be side effects of the medication and inform the prescribing professional of any concerns. This includes any observed changes, especially sudden changes, in mood, behaviors, thoughts, or feelings or suicidal thoughts or actions. This is very important when an antidepressant medicine is started or when the dose is changed.
3. The service provider should request that the prescribing professional see the client at least every three months unless the prescribing professional recommends a different schedule. Document the visitation schedule in the client's treatment plan.
4. Continued need for the medication and possible reduction should be assessed at least annually by the prescribing professional. [DSHS 13-851C](#), *Psychoactive Medication Treatment Plan: Annual Continuation of Medication*, may be used for this purpose.

### **EXCEPTIONS**

Any exceptions to this policy must have the prior written approval of the Deputy Assistant Secretary.

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TITLE:

USE OF PSYCHOACTIVE MEDICATIONS

POLICY 5.16

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**SUPERSESSION**

DDA Policy 5.16  
Issued July 1, 2015

Approved:     /s/ Donald Clintsman      
Deputy Assistant Secretary  
Developmental Disabilities Administration

Date: July 1, 2017